

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3						
4		1				
5			1			
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10	1					
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TOTAL IND.	4					
TOTAL DEP.	9	←	→	→	←	→
TOTAL CLAIMS	13	██████████	██████████	██████████	██████████	██████████

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.			←	→		
TOTAL DEP.			←	→	←	→
TOTAL CLAIMS		██████████	██████████	██████████	██████████	██████████